

**OPTIONAL DEMOGRAPHIC
INFORMATION**

Race/Ethnic Group (check one):

- ☐Caucasian
☐Hispanic
☐Asian
☐American Indian or Alaskan Native
☐African American
☐Other _____

KENTUCKY BOARD OF PHARMACY
STATE OFFICE BUILDING ANNEX, STE 300
125 HOLMES STREET
FRANKFORT, KY 40601
PHONE 502-564-7910 FAX 502-696-3806
WEBSITE http:www.pharmacy.ky.gov

**CHARITABLE PHARMACY TECHNICIAN
REGISTRATION APPLICATION**

This application is to be used only for those technicians working at a charitable pharmacy only. If you are registered as a pharmacy technician, there is no need to complete this application. Your current registration will suffice.

Please print legibly. Return the completed application to the Kentucky Board of Pharmacy. Upon receipt in the Board office, your application will be processed. Your registration certificate will be mailed to you within 3 to 5 business days from receipt. KRS 315.136 requires a pharmacy technician to possess a current pocket registration card at all times when assisting in the practice of pharmacy.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.

Name _____ Gender (check one): ☐Male ☐Female
Street _____ Birthdate _____
City _____ Home Phone _____
County _____ State _____ Zip _____ E-mail Address _____

Social Security Number _____ Driver's License/State ID Number _____
[Please include the state of issuance]

Primary Place[s] of Employment: (Use a separate piece of paper if necessary)

1. Pharmacy Name _____ Pharmacy Permit No. _____
Address _____ Phone No. _____
City _____ County _____ State _____ Zip _____
2. Pharmacy Name _____ Pharmacy Permit No. _____
Address _____ Phone No. _____
City _____ County _____ State _____ Zip _____

YOUR APPLICATION FOR REGISTRATION WILL BE RETURNED UNLESS ALL QUESTIONS ARE ANSWERED, ANY REQUIRED EXPLANATION IS PROVIDED AND THE APPLICATION IS DATED AND SIGNED.

A positive response to questions A through D require a detailed explanation and submission of court and sentencing documents, police reports and other related documents.

- A. Have you ever been convicted of a felony? _____YES, attach an explanation/documents _____NO
- B. Have you ever been convicted of violation (s) of any drug/alcohol laws? _____YES, attach an explanation/documents _____NO
- C. Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy? _____YES, attach an explanation/documents _____NO
- D. Have you had a pharmacy technician license/certification/registration surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy? _____YES, attach an explanation/documents _____NO
- E. Are you currently licensed, certified or registered as a pharmacy technician in any other state?
_____YES, please list _____NO
- F. Are you certified as a pharmacy technician with a national organization? _____YES, please list _____NO

I understand that in the event I am charged with any of the above, the Kentucky Board of Pharmacy must be notified within thirty (30) days and may initiate a review and take appropriate action to protect the citizens of the Commonwealth during this registration. I certify that I am not in default nor have I received notice of being in default of any insured Student Loan under the Federal Family Educational Loan Program [FFELP] that is administered by or through the Kentucky Higher Education Assistance Authority or equivalent state or federal agency. A person who makes a false, fraudulent or forged statement or misrepresentation of a material fact in securing registration and/or renewal of registration is subject to disciplinary action pursuant to KRS 315.137(1)(c).

DATE

SIGNATURE